

South Carolina Department of Disabilities and Special Needs
Report of Services & Monthly Progress Summary Note
Individual Rehabilitation Supports

Section I: Report of Services

Month of Service :		Name:	SSN#
Units of Service Delivered: Record the number of units (1 or 2) provided on the date in which they were provided.			
1	11	21	31
2	12	22	
3	13	23	
4	14	24	
5	15	25	
6	16	26	
7	17	27	
8	18	28	
9	19	29	
10	20	30	
Total Units:			

Section II: Report of Monthly Progress (Mark at least one item in each category)

Objective(s)	<input type="checkbox"/> Accomplished	<input type="checkbox"/> Making progress	<input type="checkbox"/> No progress
	<input type="checkbox"/> Continue 30 days	<input type="checkbox"/> Revise	<input type="checkbox"/> Needs Intervention
Health Status	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Status of Community Living Skills	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Future Action	<input type="checkbox"/> Continue	<input type="checkbox"/> Review Plan	<input type="checkbox"/> Refer for assistance
Comments:			
<i>Note: Comments are required to guide the LCS and person toward accomplished objectives. Monthly progress is expected. If progress is poor or no progress noted on objectives, then activities must be revised or intervention provided by the LCS.</i>			

Section III: Signatures

Signature of Provider Staff

Date

Original: SCDDSN Central Office (SURB)

Copy: Person's Record

Copy DSN Board (Fiscal)